



Letter to the Editor

On 'atypical suicidal' cut throat injuries

It was with great interest that we read the article by Shetty et al.,¹ particularly concerning the differential diagnostic issue of whether it was an unusual case of suicide or homicide. Shetty et al.¹ presented a rare case of self-inflicted cut throat injury in a 45-year-old ex-military man (with no tentative cuts on the neck) caused by a curved, sharp weapon. Suicide committed by cutting one's own throat with no sign of hesitation remains highly unusual and only a handful of cases have been reported in the forensic literature,¹ probably due also to underreporting of cases. We also reported on an unusual failed suicide attempt made by a woman more than 90 years old, who cut her own throat with a pair of scissors.² Her suicide attempt was unsuccessful only because her son-in-law unexpectedly returned to the house.² Ours was another case of this rare violent suicide modality being implemented without hesitation, as in the case described by Shetty et al.¹ In both cases, the injury was inflicted with unfaltering determination. The chosen weapon differed, however, being a sharp curved knife with a wooden handle in the case described by Shetty et al.,¹ and a pair of scissors in ours.² Moreover, the person described in the Shetty case report had numerous family problems and debts,¹ whereas our elderly lady had no family or economic issues and met the criteria for successful ageing³ (she was in excellent physical and mental health and involved in social, family and churchgoing activities). An important aspect of the Shetty case concerns the problem of the differential diagnosis vis-à-vis homicide, which was ruled out in our case because the patient had prepared a suicide note.² We praise these authors for emphasising the exceptional nature of such a suicidal method and the issues relating to its distinction from homicides.

Conflict of interest

None declared.

References

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